WAIVER OF SCHOOL FEES FOR INSTRUCTIONAL MATERIALS

If you or your child are currently receiving aid from Ohio Works First, Ohio's Disability Assistance Program, or other State or Federal government assistance program you may be eligible for a waiver of any fees associated with participation in a course of study. You may also be eligible if your family has experienced severe financial hardship due to illness, injury, or a catastrophic event such as fire or flood. (The waiver shall not apply for fees charged for participation in co-curricular or extra-curricular activities.)

If you believe you are eligible for this waiver please complete this form and send it to **76 North Hayden Parkway, Hudson, Ohio 44236**. If you have any questions, contact **Angela Terella at 330-653-1217**.

I, _____(parent or guardian) believe my child (please provide the name of each child you have in school) is eligible for waiver of fees.

(Name)	Grade	(Name)	Grade
(Name)	Grade	(Name)	Grade

I voluntarily disclose the following information to enable Hudson City School District to determine eligibility for this waiver.

___ I currently receive funds from the State's Disability Assistance Program:

Case Number _____

___ I currently receive funds from the Ohio Works First Program:

Case Number _____

___ My child qualifies for free or reduced breakfasts/lunches under the National School Lunch Program:

___ My family has suffered significant financial losses due to the following reason(s):

_____

_____

Please attach a separate sheet of paper explaining your reasons if the explanation exceeds the space provided. Also, please attach appropriate documentation for your stated reason(s).

Signature of Parent or Guardian	Date
Print Parent's Name	Phone Number
Address	Email Address

You will receive a confirmation if your fees are waived.

10/1/10
8/9/11
8/13/12
3/2/23
12/9/25